

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
STATEMENT OF ECONOMIC INTERESTS
2012 FEB 28 PM 4:25
COVER PAGE

FEB 28 2012

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Price Curren D.

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

Your Position

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/28/12
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name

Curren D. Price

► NAME OF SOURCE

San Diego Gas and Electric

ADDRESS (Business Address Acceptable)

8326 Century Park Court San Diego, CA, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 10 / 11	\$ 162.74	Transportation
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Majestic Reality

ADDRESS (Business Address Acceptable)

13191 Crossroads Pkwy. City of Industry CA 91746

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Commercial Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 20 / 11	\$ 420.00	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

National Federation of Independent Business

ADDRESS (Business Address Acceptable)

921 11th Street, Suite 400 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 29 / 11	\$ 67.24	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Los Angeles Chamber of Commerce

ADDRESS (Business Address Acceptable)

350 South Bixel Street Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 10 / 11	\$ 162.74	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Ed Voice

ADDRESS (Business Address Acceptable)

1107 9th Street, Suite 680 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education Advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 16 / 11	\$ 61.16	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Pacific Gas and Electric

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 280 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30 / 11	\$ 291.80	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curren D. Price

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave., Rosemead CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 11</u>	<u>\$ 125.00</u>	<u>Meal</u>
<u>11 / 04 / 11</u>	<u>\$ 230.80</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Sempra Energy

ADDRESS (Business Address Acceptable)

101 Ash Street, San Diego CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 24 / 11</u>	<u>\$ 60.00</u>	<u>Transportation</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Anheuser Busch Companies

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 730 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Beverage Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 30 / 11</u>	<u>\$ 78.55</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Ronna Brand

ADDRESS (Business Address Acceptable)

2419 Christview Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Realtor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 23 / 11</u>	<u>\$ 64.99</u>	<u>Shari's Berries</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Miller Coors LLC

ADDRESS (Business Address Acceptable)

411 Easet Wisconsin Ave. WI

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Beverage Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 30 / 11</u>	<u>\$ 52.04</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

National Conference of State Legislatures

ADDRESS (Business Address Acceptable)

7700 East First Place, Denver CO 80230

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 20 / 11</u>	<u>\$ 131.65</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curren D. Price

► NAME OF SOURCE

Southern Christian Leadership Conference

ADDRESS (Business Address Acceptable)

1530 J Street, Suite 400 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Civil Rights Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 17 / 11	\$ 300.00	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Screen Actors Guild

ADDRESS (Business Address Acceptable)

5757 Wilshire Blvd. 7th Floor Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 30 / 11	\$ 400.00	Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Medical Association

ADDRESS (Business Address Acceptable)

1201 J Street, Suite 200 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 7 / 11	\$ 63.08	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Consumer Attorney's Assoc. of Los Angeles

ADDRESS (Business Address Acceptable)

800 W. 6th St. Suite 700, Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 22 / 11	\$ 175.00	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

American Council of Engineering Companies

ADDRESS (Business Address Acceptable)

1303 J Street, Suite 200 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 92.37	Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Paramount

ADDRESS (Business Address Acceptable)

5555 Melrose Avenue

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Film Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 10 / 11	\$ 140.58	Meal
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curren D. Price

► NAME OF SOURCE

Legislative Policy Caucus Policy Institute

ADDRESS (Business Address Acceptable)

925 L Street, Suite 1490, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501 C3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 11	\$ 280.00	Guest Services
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Astell Pharma US Inc.

ADDRESS (Business Address Acceptable)

Three Parkway North, Deerfield IL 60015

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmaceutical Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 11	\$ 177.84	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

AT&T

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1800 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 04 / 11	\$ 400.00	Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Manufactures & Technology Assoc.

ADDRESS (Business Address Acceptable)

1115 11th Street, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 11	\$ 69.20	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Suite 200 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 11	\$ 195.32	Meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Coca Cola Refreshments

ADDRESS (Business Address Acceptable)

2603 Camino Ramon #550, Camino Ramon CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Beverage Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 11	\$ 47.99	Coke Bottle
/ /	\$	
/ /	\$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curren P. Price

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

California Dental Association

ADDRESS (Business Address Acceptable)

1201 J Street, Suite 200

CITY AND STATE

Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Professional Association

DATE(S): / / - 02/03/11 AMT: \$ 289.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Meals and Lodging

► NAME OF SOURCE

California Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)

925 L Street, Suite 1490

CITY AND STATE

Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): / / - 10/16/11 AMT: \$ 1882.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Meals and Lodging

► NAME OF SOURCE

California Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)

925 L Street, Suite 1490

CITY AND STATE

Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): / / - 07/06/11 AMT: \$ 887.53
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Meals and Lodging

► NAME OF SOURCE

The Pacifica Institute

ADDRESS (Business Address Acceptable)

1019 Gayley Ave., Suite A L

CITY AND STATE

Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 09/15/11 - 9/26/11 AMT: \$ 1882.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Meals, Lodging, Transportation

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Curren D. Price _____

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

The Pacifica Institute

ADDRESS (Business Address Acceptable)

1019 Gayley Ave., Suite A L

CITY AND STATE

Los Angeles CA 90024

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 11 / 30 / 11 - 12 / 1 / 11 AMT: \$ 1000.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Meals, Lodging and Transportation

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

California Foundation for the Environment

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 10 / 29 / 11 - 11 / 10 / 11 AMT: \$ 10,735.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Meals, Lodging and Transportation

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____